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ORIGINAL DEPARTMENT.

LECTURE.

ON CATARRH.

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The term catarrh is one that has been generally applied to all forms of acute inflammation of the membranous lining of the air passages. Professor G. B. Wood, of Philadelphia, in his "Practice of Medicine," devotes the last chapter of the first volume to the consideration of the subject of catarrh, and he defines it as being "any acute inflammation of any of the mucous membranes of the body, not due to traumatic causes." As we usually see catarrh in practice, catarrh affecting the lining of the nose, the upper part of the throat, the Eustachian tube, and the cavity of the tympanum, the cases in the earlier stages of the disease rarely present themselves for treatment, except that class of persons who suffer from catarrhal inflammations invading the middle ear.

It is a well-known fact that a very large majority of the persons who suffer with impairment of the hearing are afflicted with catarrh; afflicted with an inflammation which is usually due to the inhalation of poisoned air. It was

very clearly, unmistakably, and undoubtedly established by Schoubein, in 1851, in his experiments with electricity, that powerful currents of electricity passing through the air decompose the oxygen, and develop a substance called ozone, which is said to be an allotropic form of oxygen. Ozone was demonstrated by Schoubein to be possessed of power to irritate the air passages sufficiently to develop the inflammatory processes of varying degrees of intensity, in proportion to the amount of ozone in the air and the duration of time occupied in the inhalation. It was noted on divers occasions, by astronomers, that whenever powerful currents of electricity occur, along with sudden elevations of temperature, there is general complaint from epidemic influenza, which is just another name for catarrh.

We all remember what was called the epizootic, which prevailed in the winter of 1873 and '74. The epizootic was a kind of catarrh or influenza which affected the inferior animals. It is precisely the same cause which produces naso-pharyngeal catarrh as we find it in our daily practice. The simplest form of catarrh is that in which there is an afflux of all the circulating fluids in the membranes, with augmented secretion. That gives rise, of course, to considerable swelling and consequent obstruction to breathing, and we find that, whereas the nasal passages were perfectly free a few moments ago, now they are so entirely closed that we are obliged to open our mouths to breathe. If you examine a case of that sort of catarrh, you will find there is a very slight increase in the general redness of the membrane, without the destruction of all of its transpar-

ency, the blood vessels in the mucous membrane being clearly and distinctly visible, at the same time the venous trunks greatly distended and engorged. There is hyper-secretion of mucus, and along with this hyper-secretion of mucus is found, in many instances, an exudation of serum from the surface. There is a set of glands in the mucous membrane lining the nose known as acinous glands, which afford a secretion precisely identical in appearance and in chemical composition with tears. At the same time the lachrymal glands are irritated. There is a greatly increased secretion of tears, and when the catarrh affects the nasal passages, extends up through the nasal duct into the lining of the eyelids, we have what is called coryza. That means acute catarrh, affecting not only the nasal passages, but the conjunctival membrane as well.

We usually see cases of catarrh that have existed for some time. They are not apt to present themselves for treatment until the disease has shown a disposition to linger, because catarrh is one of those forms of disease that attacks almost all animate nature. It attacks everybody that breathes air—every animal that breathes air is liable to acute catarrh, and these attacks often disappear of themselves, without treatment.

Catarrhal inflammation, like any other localized inflammation, has a natural tendency to recovery after running a definite course. But on account of the complicated character of the nasal passages, and the liability of the secretions to be retained in the ramifications, we find a steady disposition upon the part of this particular membrane, or lining of the nose to suffer from chronic forms of disease—a special disposition upon the part of catarrhal diseases to linger in the nasal passages. It sometimes fills the nasopharyngeal space. It remains confined to that particular locality, in many instances, for weeks, months, years, and from the naso-pharyngeal space it travels the Eustachian tubes into the middle ear, and produces destructive changes in the walls of the tympanic cavity, before the presence of catarrh is even suspected. With the aid of the rhinoscope, catarrh limited to the naso-pharyngeal space may be discovered. The peculiar conditions of the membrane may be readily understood by bringing the surface directly into view. I say, directly; I mean indirectly into view with the aid of the rhinoscope. In cases of catarrh limited to the naso-pharyn-

geal space, attended with inflammation of the ear, it has been the customary practice to regard the disease as an affection of the ear, because the symptoms were not distressing until the hearing became impaired, and along with the beginning of this impairment in the hearing there was pain in the ear. Pain, from what cause? From the swelling of the Eustachian tubes and limited supply of air in the tympanic cavity, and in that manner preventing the equal pressure of the air upon the drum membrane, giving rise to such tension as was sufficient to create great pain—great distress.

In some cases, where the quantity of air in the tympanic cavity from this source has been very limited, slight pressure upon the tragus forces the drum-head backward, and the joint between the malleus and incus is dislocated. This is an exceedingly painful condition, but may, if taken in time, be relieved, simply by inflating the middle ear with air. As to the treatment of catarrh, of course it would be impossible for anybody to exhaust the subject, or even approach exhaustion.

It is to the treatment of chronic catarrhal affections of the lining of the nose, throat and ear, that we propose to confine our remarks this evening. Cases attended with hyper-secretion of mucus, partial loss of smell, dryness of the throat, the unpleasant sensation, if not positive pain, from attempts at swallowing, usually disclose upon inspection a double character of morbid change, a suppurative and proliferous inflammation, at the same time, in different parts of the same membrane; for instance, the lining of the inferior passages of the nose and the covering of the inferior turbinated bones yields an abundant secretion; perhaps the covering of the superior turbinated bones at the same time; but it frequently happens that the membrane covering the superior turbinated bones is perfectly dry, considerably swollen, very hard and indurated. At the same time the posterior wall of the naso-pharyngeal space presents the appearance of induration and dryness, and whatever mucus manages to flow over upon the surface of this membrane speedily dries into a hard, tough crust. It may be seen, simply by making an inhalation with the mouth open; it may be seen upon the entire posterior naso-pharyngeal wall, down into the buccopharyngeal space. Cases of this kind are seen in every-day practice.

The greatest discrimination is necessary in

the treatment of this double form of disease, the suppurative and proliferous form coexisting in different parts of the same membrane. In the first place, wherever the disposition is found to discharge tenacious substances it becomes necessary to aid nature by some sort of medication which has power to dissolve the fibrinous matter, and in that way facilitate its expulsion. For this salines, such as are usually employed as gargles, are serviceable, applied directly to the naso-pharyngeal space, with what is known as the posterior nasal syringe, which is a curved instrument having a bulbous point, with a great number of perforations in the bulbous tip. With the aid of this, any of the salines usually employed as gargles may be thrown into the naso-pharyngeal space, and in that way brought into contact with the largest portion of the membrane, and wash out the offensive matter. Now, if mucus accumulates in a crypt, if it is found in a cavity in any part of the body, it will rapidly degenerate into pus. The moment the requisite amount of moisture is withdrawn it dries. The dry quality is almost invariably due to the presence of pus. If it were not for pus, it would remain in the condition of ordinary mucus, and be expelled by being drawn up through the nose. Having cleansed the passages with a solution of bromide of potassium or muriate of ammonia—if the passage is very dry the bromide is not so good as the ammonia. Where these salts are not convenient chloride of sodium may be used instead. It is not so good a defibrinizing agent, neither has it the power to stimulate secretion like the ammonia, nor has it the anæsthetic properties of bromide, yet it is a very good substitute in the absence of the other two salts. Of course all these things are to be kept in view in prescribing for cases of catarrh. I have taken this typical form of chronic catarrh as it presents itself for treatment, for obvious reasons.

After cleansing the passages with the posterior nasal syringe, which is an invaluable instrument, any instrument which has power to atomize or reduce fluid to the finest possible state of division may be used, and in that way you can medicate the whole of the nasal passages. Any instrument which has that power may be used for the purpose of medicating the naso-pharyngeal space and the little crypts in the nasal passages. I am in the habit of using, in preference to other instruments, what is known as "Holmes' Boston Perfumer." It

has a metallic tip, and, if properly cleansed, will not get out of order for a long time. It is the most servicable instrument that I know of for the purpose of medicating the passage after cleansing with the posterior nasal syringe. A solution of the bromide of potassium, as a general thing, is the best, say from ten to forty grains of the salt to an ounce of water, and in proportion to the strength of the solution, the interval should be great; if the forty-grain solution is preferred, it should not be used more frequently than twice in one day—once in twelve hours. If the weaker solution be preferred—and that should depend upon the quantity of secretion—if the secretion is going on rapidly, if there is a large amount of matter secreted, the weaker solution applied frequently is the preferable method.

Now, after the disease has lasted some time, and the discharge somewhat dried up, as it were, leaving still an inflamed surface—preternaturally dry, without any disposition to throw off its secretions—a solution of iodine and glycerine answers the purpose best. That is to be used, also, with the atomizer; to be preceded by the posterior nasal syringe loaded with some sort of cleansing fluid, to remove any inflammatory matters collected in any of the crypts or cavities of the nasal passages, or anywhere in the naso-pharyngeal space.

By the use of the speculum, introduced into the interior nares, and a strong light reflected from a concave mirror, the nasal fossæ may be explored, except in those cases where there is great swelling in the covering of the superior turbinated bones. It is precisely in this locality that catarrhs are likely to linger, and likely, also, to escape observation; and when you think the patient is entirely relieved you find, to your surprise, that destruction of the bone has been going on—the superior turbinated bone perishing.

The iodine solution may vary from half a grain to five grains to the ounce; the five-grain solution being applicable to syphilitic subjects only. And there must always be a distinction between syphilitic ozæna and ordinary catarrh; the ordinary catarrh in the otherwise healthy subject never gives rise to any very offensive discharge. The decomposition of mucus may be very readily recognized by its odor, so may the destructive changes which take place in the osseous tissues, and in the other tissues of the body affected with syphilis, and what is

known as strumous disease, which sometimes appears in the nose.

As a matter of observation, I have noticed that people who have catarrh are prone to tie a knot in the corner of the handkerchief, or roll it around the end of the little finger and poke it up the nose for the purpose of removing incrustated matter, and in that way they abrade the surface, which creates a greater disposition upon the part of the secretion to adhere to this part and become dry and inspissated, and so the attempt to remove is repeated, and what was originally an abrasion gets to be a complete destruction of the whole membrane, with exposure of the bone, and exposure is likely to be followed by death of the bone, and in that way loss of the septum of the nose frequently results in ordinary cases of catarrh. In cases of syphilitic disease of the nose, attended with loss of the septum, or a portion of it, there is always great tumefaction of the surrounding parts. The marginal outline is intensely red and considerably swollen, and this, with the offensive character of the discharge, distinguishes the syphilitic from the traumatic sores.

Another form, called dry catarrh, a proliferous inflammation with greatly diminished secretion, attacks persons given to excessive smoking. There is another form of catarrh which is attended, not by dryness nor by any great moisture, but by swelling of the nasal membrane, with loss of the sense of smell, which is common to persons given to the habit of snuffing. There is the smoker's catarrh, the snuffer's catarrh and epidemic catarrh.

In 1868, a German, by the name of William Dumeyer, who kept a grocery at Market and Fourteenth streets, had a sore throat, and I wished to examine his larynx with the laryngoscope, but the fauces were so very sensitive to the approach of the mirror that I was obliged to use a solution of bromide of potassium, which I had learned was an efficient local anæsthetic. I gave Mr. Dumeyer a twenty-grain solution of bromide of potassium, to be used as a gargle: that is the strength of the solution called the standard solution. It diminished the morbid sensibility of the fauces, and when I saw him again he said he did not need anything, he was well, and he wanted to settle his bill; he thought he was cured. I relate this to show you that the bromide destroys the sensibility of the membrane, and that suggested the applica-

tion of it in the treatment of nasal catarrh. I formerly used this twenty-grain solution, which was regarded as the standard solution, for diminishing the morbid sensibility of the fauces, but I afterward got into the habit of using a much stronger solution, even to saturation. I now sometimes, but rarely, use the saturated solution. Experience has convinced me that the weaker solution is better for general use with the atomizer. In many cases the catarrh is attended with the disagreeable symptom of the continued presence of mucus lying upon the soft palate and manifesting a disposition to find its way down into the throat. That class of cases are most common, and they are very troublesome sometimes. They may be prolonged indefinitely by the use of too strong applications—by too harsh a plan of treatment.

It has been, unfortunately, the practice of too many physicians to introduce brushes and mops, with caustic solutions, and in that way perpetuate the disease. I believe that the only true plan for the relief of catarrhal affections, like all other localized diseases, is to search out the locality that is chiefly affected, and direct the topical application to that point. In the class of cases under consideration, where there are general symptoms of distress depending upon the presence of too much mucus lying upon the soft palate, and manifesting a disposition to flow down into the throat, adhering to the uvula, a weak solution of bromide of potassium of five or ten grains is to be used. I employ what is known as Holmes' Boston Perfumer, held in such manner that the fluid will find its way into the naso-pharyngeal space, and then snuffing it up the nose and hawking it out, clears the surface entirely. Having cleansed both nostrils in this way, and having cleared the naso-pharyngeal space, a decoction of ordinary green tea, or a solution of five grains each of carbolic acid and tannin to an ounce of water, or as I generally prefer it, a mixture of equal parts of glycerine and water, to be used immediately afterward, with the atomizer. This may be done three times every day; that is quite often enough. Cleanse the passages first with the bromide of potassium, which acts as a local anæsthetic, diminishing the morbid sensibility, and at the same time dissolving the fibrinous matter. Follow that with the decoction of green tea, or with the solution of carbolic acid and tannin. (A favorite prescription is this; half a drachm

each of pure carbolic acid and tannin, to be dissolved in three ounces each of glycerine and water. That is a mixture that I am in the habit of prescribing every day.) It becomes necessary in many cases to make applications to the covering of the superior turbinated bones. These may consist of a half-drachm solution of carbolic acid to the ounce of water, or a half-drachm solution of iodine in glycerine, or a half-drachm solution of nitrate of silver to the ounce of water. These are the more common applications, and they are to be made with a brush or a little cotton-wool rolled upon the end of a probe, and the application is not to be repeated oftener than every other day. Catarrhal affections of the larynx generally call for local treatment. They are generally associated with bronchial catarrh, which requires, in addition to local treatment, some constitutional measures. In the chronic forms of naso-pharyngeal catarrh, constitutional measures are also required in a majority of instances. Where the affection invades the Eustachian tubes, creating an unpleasant noise in the ears, that has been compared to the singing of grasshoppers, crickets, and steam escaping from a tea kettle, the application should be made to the ear itself, and should consist in simply filling the ear full of very warm water, and then have the head turned in a favorable position for the retention of the fluid, putting in a plug of cotton-wool to prevent the water escaping. Introduction of the Eustachian catheter may be practiced where there is evidently fluids accumulated in the tympanic cavity, or where the supply of air is deficient, and the patient cannot practice Valsalva's method, which consists in holding the mouth and nose shut, and blowing forcibly into the ears. There should be no fluids blown through the catheter in this class of cases, and the use of the catheter should be restricted to the actual necessities of the patient for the removal of fluid from the tympanic cavity on the introduction of air. I might prolong the subject indefinitely, as I said when I began, but I believe that I have said enough, at least, to direct the attention of the Fellows present to this very important subject.

—We learn that the auxiliary course of medicine of the University of Pennsylvania is well attended, and that the newly filled chairs are entirely satisfactory to the class.

COMMUNICATIONS.

CONSERVATIVE SURGERY.

BY G. F. WITTER, M.D.,

Of Grand Rapids, Wisconsin.

In taking a retrospective view of the various surgical events coming under my immediate jurisdiction during the past year, there is nothing which excites my admiration more fully and satisfactorily than the termination of a few cases in surgery wherein we were most happily reminded of the efficacy of *conservative surgery*, as well as the power and tendency of nature to heal herself.

CASE I was that of J. G., an Irishman by birth, a common laborer on the G. B. and M. R. Road, who became intoxicated on the night of the 18th of January, in which condition he started for Dexter, a place about fifteen miles distant; but straying from the track, he slept in some hay, near by, until morning, the thermometer standing twenty degrees below zero. Both hands and feet were fearfully frozen; so extensively, indeed, that the circulation was nearly cut off; and, also, various other parts of the body were badly chilled. We were called to him on the following morning, when the defective circulation and manifest want of vital power, together with the absence of the line of demarkation, evinced plainly that amputation must not be had at that time. But we were pertly informed that it must be done, and that, too, speedily; that his friends had telegraphed to me, because they wanted the work performed then.

Instead, however, the patient was put upon the free use of brandy, quinine, and essence of beef, internally, and friction applied to the diseased part, with the free use of ol. amber, ol. camphor and ol. olive, in equal parts, until the 25th, when reaction was reestablished. The hands and feet appeared a pulpy mass, with the line of demarkation fully established.

Now came the important and interesting period. To determine where to amputate was no little matter. To secure the use of both ankle joints was an important and most desirable end. The line of demarkation extended nearly to the joint, anteriorly, with a disposition of the skin to cleave from the flesh of most of the surface of the feet. This made our chances for success in amputation not the most

flattering, but we proceeded to perform the operation upon both feet, making the incision near the proximal end of the metatarsal bone of the little toe, and adopting Hayes' method of amputation. Ugly looking ulcers formed near the heel, and most of the surface was a raw mass; but we secured good flaps, and preserved the use of both joints.

The left hand was amputated at the wrist joint. The right was also removed at the wrist joint except the metacarpal bone of the forefinger, and the carpo-metacarpal bone of the thumb, which by dint of perseverance was preserved. By this plan there was left a small space between these, in which a pen can be held in writing, or a knife or fork in eating. All was healed in one month, and the patient can both walk and write, a result which made his heart glad beyond measure.

CASE 2 was that of J. Canning, aged 17, an Englishman by birth, of good and temperate habits, to whom I was summoned in haste, March 13th, 1876.

He had received a gunshot wound in the left humerus; the full contents of one barrel, buck-shot, wadding and all, passing in at the inner and under part of the humerus, near the lower third of the same, taking an oblique direction, emerged at the outer and upper surface near the middle of the humerus, not only fracturing, but removing an oblique section of the humerus; leaving a portion of the periosteum peeled off, as if by special arrangement.

A portion of the wadding and many of the shot were removed from the wound.

The wound, when thus dressed, appeared so extensive, with the integument, muscles and ligaments so lacerated, and so much of the bone removed, as to render the prospects for saving the same not the least encouraging.

Taking advantage, however, of the large size of the wound, we had no trouble in bringing the patulous ends of the periosteum of the fractured ends of the humerus in apposition, which we found convenient to hold in place by packing the wound with surgical flint saturated with glycerine and carbolic acid. The wound thus packed held the periosteum in place, and with the aid of two of Ahl's porous splints applied, and enveloping the whole of the fractured and much of the sound portion of the humerus, and held in place with nine-tail bandages, rendered it necessary, in order to gain

access to the two large openings, to make corresponding openings in each splint. By this arrangement the packing could be, and was, changed every day, only a portion being removed, however, at any one dressing. About one half was removed from one opening, and the other half from the other opening, on alternate days.

The splints were kept on for two months, when they were removed and reapplied. The packing was all removed by degrees in due time. New bone was formed, and the arm, which many knowing ones declared could not be saved, is all right, with only the scars at the two former openings, to point out the landmarks of this successful plan of treatment.

CASE 3 was that of M. Smith, aged eight years, the daughter of H. Smith. She was caught in the tumbling rod of a threshing machine, her body revolving with it many times before she was rescued, fracturing the right tibia and fibula twice, and dislocating the left tibia at the knee joint, backward and outward, severing the transverse ligaments thereof, and so injuring the patella and its attachments as to render extension and flexion quite imperfect. The integuments, muscles, and adipose tissues of the whole lower part of the abdomen were all stripped, transversely from about two inches from the upper margin of the brim of the pelvis, from the right to left, stripping it clear from the peritoneum, down to the symphysis pubis, leaving the whole of the abdomen, from the navel to the symphysis pubis, bare, to the peritoneum.

The first aspect of this case was fearfully discouraging, and but little hope was entertained of the child's recovery, inasmuch that we were requested not to torture her, by moving or in any way disturbing her, unless there was more probability of recovery.

Dr. Gregory, who was on the ground at the time of my arrival, and who accepts a prominent share of responsibility, also felt much doubt of any possibility of affording relief. We proceeded at once, however, to adjust the fractured limb, and confined it in place, and then the abdomen, the lacerated integuments of which had become so contracted as to render it difficult of replacement. The whole surface was washed with carbolic acid and glycerine water, after which the integument was adjusted and held in place by sutures and adhesive plasters, and

cloths applied, saturated with the above wash, the proportions of which were as follows:—

R. Carbolic acid,	gtt. xxx
Glycerine,	ss
Tinc. arnica,	ss
Aqua pura,	ss.

This was constantly applied, and cloths frequently changed, with but little change in the condition of the patient, until the third day, when, after the constant use of brandy and essence of beef, internally and quite freely up to this time, she began to rally from the low comatose state, and has continued to improve rapidly ever since, and is now walking.

This case affords to us a commingling of satisfaction and surprise. Of satisfaction because of our unflinching efforts to put the house in order, even when hope, despairing, had almost fled; of surprise, to see and know of such manifest power of nature to heal herself. The above cases are but a few of the many which are constantly reminding us of the *vis medicatrix naturæ*, or the power of nature to heal herself, a principle of which we are all loud in our praises, but of which our practice runs wide of our precept.

It is beyond the power of human wisdom to understand many of the functions in human life. Veiled under an almost impenetrable obscurity, they make no disclosures of their own mysterious action. So indisputably is this the case, that the attempt to apply to them the same law that regulates the operations of inorganic matter is regarded as utterly hopeless.

In common with dead matter, they have certain laws, and certain phenomena, but in addition to these, they have others of a higher grade and more unmistakable character. Of these phenomena there is none more interesting or peculiar than the *vis medicatrix naturæ*, or the power inherent in the human body of controlling and regulating its own vicarious action.

Is there any other mechanism that has the power of repairing its losses and renewing its operations without artificial intervention? Does the cog in the wheel, when broken, unite its several particles, and proceed in harmony with the rest of the machinery? Can it rid itself of those obstructions that retard its movement, or guard itself against those mechanical powers that weaken its forces, and destroy its action? Possesses it any power of supplying its own wants, or of continuing its action, unless by remote agencies? Surely, there is no principle,

either vital or mechanical, that is capable of constructing it a self-regulating and self-acting organism.

In animal life there is a principle self-regulating and self-acting, and this principle is properly termed "vital principle." It is peculiar to animal bodies, and is independent of mechanical agencies. It is, however, variously named; some styling it the "vital principle," others, simply "nature." It is the surgeon's safeguard. It is his guardian angel, and is alive to every danger that may threaten the health of his patient. We cannot locate it definitely, because we see it operating through almost every organ and function of the body. It pervades the whole system, sending its influence wherever a lesion may occur, or a defect arise. Does the body suffer under cold? It excites the circulation, thereby exciting secretion, and thus removes the cause. Has improper food been received into the stomach? It excites vomiting, and thus rids itself of the offending matter. Has a foreign substance entered the flesh at any point? It excites suppuration and thus discharges it. Lacks one function the power of performing its proper duties? We see it demanding of another increased action, and thus the balance is maintained and health preserved. We thus behold this resisting and conservative power of the system manifesting itself in the various operations of secretion and excretion, effusion of lymph, and likewise the common effects of sneezing and coughing.

Innumerable instances of a similar character might be mentioned; instances wherein the conservative principle of the body not only combats the disease, but likewise the surgeon.

We do not claim for this principle an irresistible action, neither do we assert that artificial aid is unnecessary, because its powers of resistance may be weakened. "It may be defeated by the very means it calls into aid in its operations, and it is when this occurs that disease commences.

Is it at all improbable that the Creator designed this power as fully adequate to administer to all the ills of the human body, and correct its deviations? Has not heaven guaranteed to it, in the very fact of its creation, a protective power, and endowed it with a life preserving principle? It has established certain laws by which it must be guarded, and it has given it certain relations to the exterior world. It is

not until overpowered by their gross violations that medicine is called into aid, and the time is not far distant when this principle must not be overlooked by the true and successful surgeon.

SULPHUROUS ACID IN CHRONIC URTICARIA.

BY J. V. SHOEMAKER, A.M., M.D.,

Lecturer on Dermatology at the Philadelphia School of Anatomy; Physician to the Pennsylvania Dispensary for Skin Diseases; Physician to the Foster Home, etc.

Chronic urticaria is decidedly one of the most difficult of all cutaneous diseases to cure. It vexes and annoys both the physician and the unfortunate patient. It is my object, in this article, to call attention to a case of chronic urticaria, that has been under my care in the dispensary.

Mr. G. M., aged 28 years, a collector, applied for treatment October 18th, 1876. The patient was intelligent, and gave a clear and distinct history of his trouble. The past five years he had been leading rather an intemperate life; his meals were taken very irregularly, and in addition he drank from five to six glasses of whisky, daily, generally ending up in the evening with a good time among his associates. He was then stout, well built, and known for his great physical vigor. About three years ago his health began to fail. A sour taste was observed in the mouth, together with a heavy, uncomfortable feeling at the pit of the stomach. Diarrhoea set in, followed by intense itching all over the body. Becoming alarmed at his condition, he sought medical advice. The physician called his attention to a number of circular and elevated white spots scattered over the body. Under treatment, he improved rapidly, but the old habits being strong, he soon returned to his former manner of living. The same diseased condition again set in, with greater torment than during the previous attack; the dyspeptic symptoms and diarrhoea both increased. He sought one physician after another, with no improvement in his condition, and so it had continued, until October, 1876.

After hearing the history of the case, I examined him, but could find no wheals. The tongue was large, flabby, and the papillæ, circumvallatæ and fungiform, stood up at the base, sides and apex, like small warts. Over the epigastric, left lumbar and left inguinal regions

there was marked tenderness, so much so that he could hardly bear percussion over these parts. The wheals were intermittent, appearing, generally, when he would be warm, in bed, accompanied with intolerable itching. At times the sensation would be that of myriads of little insects crawling over the body. In the morning, on arising, some of these white elevations could be seen; wheals appeared very seldom during the day. The inability to digest certain articles of food still continued, in addition to a movement of the bowels five or six times daily. It was evident there had been some marked change in the mucous membrane of the digestive tract. The great tenderness over the large bowel, in addition to the frequent discharges mixed with blood and mucus, pointed very conclusively, to my mind, that some local ulceration was going on in the lower part of the descending colon, or the upper portion of the sigmoid flexure. The sympathetic nervous system, formed of its numerous plexuses encircling all the viscera of the body, no doubt, reflected the morbid condition to the skin. The portion involved the solar plexus just back of the stomach, and one of its branches, the inferior mesenteric plexus, supplying the descending colon and sigmoid flexure, had carried to the skin the irritation from the seat of the disease, thus causing the cutaneous hyperæmia and the production of wheals. He was placed upon an anti-dyspeptic remedy, together with castor oil mixture, followed by alterative doses of mercury with chalk. Locally, alkaline and vapor baths were used. Over the stomach and descending colon mustard plasters were freely applied, until the surface was reddened. After continuing this application for some days, the emplastrum hydrargyri et belladonna was placed over these parts. A most rigid course of diet was observed. By having a regular list of each kind of food taken daily and submitted to me at each visit, I have on several occasions been able to trace the cause of the mischief. In this case the same plan was pursued; at each visit the diet list was handed to me, and from time to time one article of food after the other was excluded. Finally, my patient was on an exceedingly plain and simple diet, consisting of boiled milk with lime water, beef tea, animal broths, bursted rice and hominy grits. By degrees he showed a marked change in his condition; the dyspepsia and diarrhoea all ceased, and in six weeks after being under treatment all the ten-

dermess over the abdominal region entirely disappeared, together with the wheals. He remained free from "wheals" two weeks, when suddenly they again appeared, without any assignable cause. As the treatment had been regularly pursued, I made no immediate change. One month passed by and the wheals still annoyed my patient, although all the viscera appeared normal. I continued to study my patient's case, giving in addition to what has already been mentioned all the available remedies, such as cod-liver oil, iron, quinine, arsenic, and other appropriate tonics. Locally, the Turkish and sulphuret of potassium baths, lotions of oil, calamine, marsh mallow, flaxseed, poppy seed, together with ablutions with carbolic acid soap, were used at different times, without any decided change.

I called to see Prof. J. M. DaCosta with my patient. He examined the case very carefully without detecting any primary disease. In all the Professor's extensive experience he had only met with one similar case that had resisted all the treatment named. The patient referred to was an elderly lady, and the cause of the urticaria the doctor thought was due to wearing red flannel next to the skin. Different remedies were tried without success, until, finally, the patient was placed upon one drachm doses of sulphurous acid in syrup and water three times daily. The patient speedily recovered. At Prof. DaCosta's suggestion, my patient was placed upon the same treatment, in addition to continuing the alkaline baths at night. I am glad to add, that in four days after using the sulphurous acid, the effect was like magic. Four months have passed since the wheals disappeared. The patient has again his healthy and robust look. There has been no sign of a return of the disease. The sulphurous acid had, no doubt, an alterative and tonic action upon the system.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL.

CLINIC OF DR. E. G. JANEWAY,

Professor of Clinical Medicine, etc., in Bellevue Hospital Medical College, April 13th, 1877.

Cerebral Embolism.

GENTLEMEN:—I present to you to-day a man, fifty years of age, who, as you will notice, has some paralysis of the facial muscles, on the left side; and on uncovering him we find that

the right upper and lower extremities are also similarly affected. It is better to call this paresis, or partial paralysis, for while the loss of motion is almost complete, sensation is impaired to but a slight extent. Now what might produce the condition here present? Among the suggestions that I hear from the class are, embolism, hemorrhage, thrombosis, syphilitic tumor of the brain, and some other intra-cranial growth. How shall we decide which it is? Well, the history of the case will, no doubt, throw some light on the subject.

Our patient, who is not over-weighted with intelligence, informs us that he was taken sick five years ago, but that it was some affection of the chest which he had at that time. The present trouble we find, however, only commenced last Sunday night (April 8th). He was lying down in the cabin of a scow on which he was navigating at the time, and on attempting to rise, he fell over in his present helpless state; the paralysis of motion being more complete, however, than it is now. He had no cephalalgia, dizziness, or head-symptom. All that he knows is, that he got up and immediately fell over, losing the power of his limbs but retaining his consciousness perfectly. When I was attending physician to Charity Hospital, I met with a similar case in which a young woman, while in the act of combing her hair, was suddenly attacked with hemiplegia, without any premonition whatever.

Now, what can this be? Not thrombosis, because the paralysis came on so suddenly. Is it embolism? and if so, how can we determine that it is? The examination of the heart, as is suggested, will aid us materially; and on resorting to this I find there is present a double aortic murmur; it is not very distinct with the first sound of the heart, but more so with the second.

Here, then, is undoubtedly the explanation of the case, as it is probable that minute portions of vegetations upon the valves have been washed into the circulation.

Now, in what artery would we be likely to look for an embolism in a case where there are such phenomena as are here present? The middle cerebral.

In answer to our inquiries, we find that the patient has never had rheumatism, as far as he knows, but that he has had syphilis.

Now syphilis, you must know, also produces organic disease of the heart, occasionally.

Two questions then come up: (1) Is the cardiac murmur to be regarded as proof positive of embolism? Certainly not, though it renders it highly probable that there is embolism. (2) Could we not have embolism without any murmur being present? Undoubtedly. The patient at Charity Hospital, to whom I have referred, was an instance of this. Another thing that points to the existence of embolism here is the tendency to rapid recovery shown. The temperature is sometimes of value in a diagnostic point of view.

Charcot has pointed out the fact that in the

first hour or two after cerebral hemorrhage the temperature is decidedly depressed, though it is rare that the physician reaches the patient until this stage of depression has passed off. A marked irregularity in the temperature (ranging quickly from low to high, and *vice versa*) points more to embolism than to hemorrhage; and this is one of the characteristics of the present case.

The part of the brain affected is probably the anterior portion of the corpus striatum, and if we could examine the middle cerebral artery, we should, no doubt, find it blocked up for an eighth of an inch, or more. If the collateral circulation is not sufficient to fully nourish the part, it is possible that softening may occur. There is no improvement in the affected arm and hand; but the upper extremity is usually the last to recover its power. I find that the patient has some bronchitis, but he says that it is of short duration. It is impossible to ascertain exactly when the heart trouble commenced; but he tells us that three or four years ago he first felt pain in his chest and difficulty of breathing. We will now test his sense of smell. In private practice, it is perhaps the best plan to employ some pleasant odor, like that of cologne-water, or oil of cloves; but I think the expression of disgust is more easily distinguished in such cases, and in the present instance we will make use of *assafetida*. Well, we find that the olfactory sense is decidedly impaired on the left side. Our patient says he is familiar with *assafetida*, because he has been accustomed to give it to horses, in order to increase their appetite. That is certainly something entirely new to me. You will notice that there is slight aphasia present, as indicated by his manner of putting words together. The treatment here will consist simply of quiet and good hygienic conditions. We will keep the patient's general system in good order, regulate the heart's action, and let him alone. If we should discover any evidence of active syphilitic manifestations (which I do not observe at present), we would give the iodide of potassium.

Chorea.

Here is a girl, eleven years of age. Please observe her as she walks around the amphitheatre, and tell me what you think is the matter with her. Chorea, you say! Well, let us see. There is nothing very peculiar about her gait, and when I take hold of her hand, I find that she has a firm grasp. But now, when she attempts to hold the hand out steadily, you see distinctly the twitching of the fingers. She is able to hop very well on either foot. The history of the family is good, and we cannot learn that any member of it has been troubled with hysteria, fits, or any other nervous affections. Neither is there any rheumatism in it. In making inquiries in reference to rheumatism, we should always find out what the patient understands by that term. Now the mother informs us that the child's father has had rheumatism of the lower extremities; but on

further inquiry, we find that the pain was confined to the thigh, and did not affect the joints at all. In speaking of this confusion of terms, I may mention that I once asked a patient if he had any pain, when he replied, "No, Doctor, but I have awful cramps."

There is one very important point in the history of this case, and that is, that this is the sixth attack of chorea which this child has had. The first occurred when she was six years old, and came on very suddenly after being thrown down by a horse in the street. On this occasion, the mother tells us, she came into the house "all shaken like, and frightened half to death." Since then she has had a return every year regularly, about this season. This is a curious tendency of chorea to recur in the manner here shown. On inquiring more minutely into the history of the case, we find that at one time the girl had painful swelling of both knees, but that this was after the first attack of chorea. The rheumatism, then, if such it was, was secondary to the chorea; and the latter is undoubtedly to be attributed to fright. I have seen quite a number of cases due to this cause.

Where chorea is present we should always examine the heart. The common presence of disease of the heart in this affection has, as you know, given rise to the embolism theory of chorea. But you must remember that every murmur you hear about the heart is not going to remain permanently, and also, that it may not be caused by organic trouble at all.

The murmur that is heard in any given case may be due purely to anæmia (even when it is at the apex, though this is rare), or to muscular action. In the present instance, I am unable to detect any murmur whatever. This is not a very well-marked case of chorea now, and the mother says the child is not nearly as bad as in some of her previous attacks. In the way of treatment I should recommend that she should be kept home from school, and free from all excitement; and she ought not to be scolded or treated harshly, as I learn she sometimes is by her father. She does not look as if she needed any iron at present; but I would give her strychnia in small doses, and continue it for some time. This is the drug which, as a rule, I prefer to all others in the treatment of chorea.

Attempted Suicide by Hanging.

This young woman, according to her own and her sister's account, the other morning, before starting out to her work, took a very small quantity of whisky; to which, as is stated, she is wholly unaccustomed. This had the effect of intoxicating her, and, in consequence, she was arrested and locked up in a station house. As soon as she was placed in the cell, however, she came to her senses, and so mortified was she to find herself in such disgrace, that she immediately hung herself from the top of the door. In five minutes from the time that she was left alone she was found hanging in this way, and perfectly unconscious.

She was at once sent to Bellevue, in one of the hospital ambulances, and within two hours afterward I saw her myself. She was still completely unconscious, and presented altogether an interesting case for diagnosis. The pupils were rather contracted, but responded fully to light. There was slight reflex action, as ascertained by tickling the soles of the feet, etc. The arms were quite rigid, but there was twitching from the wrists. There was no evidence of pressure on the cord above the origin of the phrenic nerves, the respiration being very good.

Dislocation of the vertebrae was suggested, but it was found that she moved her head from time to time. Under the circumstances I resolved to try the effect of the cold douche. It increased the contraction of the pupils, I found, and I finally came to the conclusion that the case was one of alcoholism, with congestion of the brain. The odor of liquor was well marked in the breath, which, it seems to me, could hardly have been the case if she had taken such a small quantity of whisky as was represented, after an interval of two hours, or more; but upon this point I am not positive. The possibility of meningeal hemorrhage occurred to me in connection with the rigidity of the arms;

but the twitching of the hands rendered this improbable, and the rapid recovery, under the use of the cold douche, proved that the diagnosis made was the correct one.

The patient affirms that she has no recollection whatever of becoming intoxicated, or of being arrested; and on questioning her closely I find that she has had spells of unconsciousness before.

The question, therefore, arises, was the case complicated with epilepsy? On further inquiry, however, I think we will have to abandon such a supposition.

The last time that she had a spell of unconsciousness, she says, was in September last, and it continued for two days, which does not look much like epilepsy. But it seems that at that time she had just been confined; and the physician attending her found it necessary to give her opium for some puerperal trouble. The unconsciousness at that time is, therefore, not very difficult to explain; and since she is unable to refer to any other distinct time when she had any kind of an attack accompanied by unconsciousness, there does not seem to be any ground, as far as I am able to make out, for supposing that she has ever been affected with epilepsy.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hydatid of the Lung.

The following interesting case was given by Dr. Greenfield, in the Clinical Society of London:—

A girl, aged seventeen, came under his care in March, 1875, suffering from pulmonary symptoms of four years' standing, for which she had been at times under treatment, the symptoms being ascribed to phthisis. When first seen, she was complaining of return of cough, expectoration of offensive fluid, and pain in the right side, and had had slight hæmoptysis. The expectoration had come on suddenly four days previously. The physical signs pointed to a loculated empyema situated toward the lower part of the right lung, which had formed a communication with a bronchus. There were, however, none of the associated symptoms of chronic empyema. Dr. Greenfield proposed to perform paracentesis; but, before arrangements could be made, the patient, three days later, had a sudden attack of cough, followed by impending suffocation, and then brought up a large piece of hydatid membrane, forming an almost complete cyst, of the size of an orange, and then a teaspoonful of blood. She continued to expectorate

pieces of membrane for about ten days, and then the physical signs of a large cavity in the region of the angle of the right scapula appeared. There was no subsequent rise of temperature; and the physical signs, with the exception of those indicative of a large cavity, entirely disappeared, the patient making a rapid recovery. Since that time until lately the patient had been in good health, but the signs of a cavity had persisted in a gradually narrowing area, corresponding with the upper part of the lower lobe of the right lung. Recently some indications of fresh enlargement and surrounding inflammation had been observed. Dr. Greenfield remarked that, though the occurrence of hydatid cysts in the lungs was comparatively rare, and, according to the authorities, the evacuation and cure of the cyst by perforation into a bronchus still more so, the number of cases recorded probably did not represent the relative frequency of the affection. The diagnosis between hydatid cysts in the lung itself and in the liver perforating the lung, when the cyst was in the lower lobe of the right lung, was in some cases a matter of difficulty; but he relied upon the general course of the symptoms, the position of the cyst as indicated by the physical signs, and especially on the complete evacuation and absence of bile-staining of the membrane. By an analysis of recorded cases, he showed that hydatid cysts of

the lung were not most frequently found in the lower lobe of the right lung, but occurred with equal frequency in the upper lobes and in the left lung. The prognosis, after complete evacuation of the cyst, was generally regarded as favorable, but there was danger of the presence of another cyst, the recurrence of inflammatory changes around the old one, and possibly of the production of aneurism of the pulmonary artery by traction of the contracting cyst-wall, or by the loss of resistance due to its presence. The fact that there were some indications of the possible presence of another cyst would lead him to watch the case carefully, and, if necessary, to try the effect of exploratory puncture.

The Value of the Binder.

Dr. J. Hyde Houghton, M.R.C.S., writes to the *British Medical Journal*:—

Initiated in midwifery by my late lamented friend Dr. Edward Rigby, I was early taught the importance of the "binder" as a means of preventing *post partum* hemorrhage; and through a period of nearly thirty-three years, during greater part of which I have had a very extensive midwifery practice, I have only had one fatal case in my own practice.

In every case, I myself carefully bandaged the patient as tightly as possible, with a shawl or large towel, in which I generally wrapped a book to form a pad over the uterus, with the best results, though I had then sometimes to deal with cases of hemorrhage.

In the year 1861, however, I was engaged to attend one of the largest women I ever saw. She was tall and immensely stout. The labor was natural, but rather tedious; and after it was over violent hemorrhage set in. Here any ordinary binder was useless; and to grasp the uterus through the parietes was impossible, from the immense quantity of fat on the walls of the abdomen. I had the advantage of the advice of my old friend, Mr. S. D. Fereday, and all the means which we could devise were used without effect. We watched her for some hours, a certain quantity of draining going on in spite of our efforts; and we anticipated a certainly fatal issue. Where art had failed, however, nature came to her assistance, and she ultimately recovered.

In the following year I was again asked to attend her, and was called to see her one Sunday morning. I had a most lively recollection of her last labor, and a firm reliance on the binder, and was determined, if possible, to bring one to bear on her huge abdomen; so I went to a saddler who lived near, and there extemporized a binder. It consisted of an oval piece of the strongest "butt leather" he had, ten inches long by eight wide, to each side of which a strong strap (nearly as strong as stirrup straps) with buckle, was attached. With this I was able to attain some degree of pressure. Suffice it to say the labor went on well and no flooding took place.

For some time afterwards I took my "binder" with me only when I had to attend stout persons; but I soon found that the comfort of it was so great and the advantages so signal, that I began to take it with me to every patient I attended, and have continued to do so for the last eight or nine years; and during that period I have not had a single case of hemorrhage that has given me the slightest anxiety.

This is the practical fact I wish to bring forward: I apply the bandage gently before the child is born. I make the nurse press on the pad during the expulsion of the child. I then tighten the bandage pretty firmly; and after the expulsion of the placenta, which is rarely long delayed, I again tighten it as firmly as the patient can comfortably bear. It is very rarely necessary to do more; but if the pains be sluggish or infrequent, and if pressure by the binder does not increase them, I give a dose of ergot just before the child is born.

Love Potions—Ancient and Modern.

Dr. Charles A. Cameron writes, in the February number of the *Dublin Medical Journal*:—Philters seem to have been used from an early period, by the Greeks and Romans; and among the latter, during the period of the empire, their manufacture was carried out upon a large scale, and their sale conducted openly. It need hardly be said that their use resulted in madness, imbecility, and physical disease, instead of the effect they were warranted to produce. Caligula's madness was by some attributed to philters administered to him by his wife, Cæsonia, for the purpose of retaining the tyrant's affections. Lucretius is also said to have been deprived of his reason by a love potion. In the Middle Ages we find few references to philters, but in modern times deaths from their administrations occasionally occur. In the case of *The Queen against Mansfield*, for murder, tried at the Wicklow Summer Assizes, 1875, the prisoner was accused of having poisoned a girl (his sweetheart), by administering to her phosphorus paste. He was acquitted, but the popular impression was that the phosphorus had been given to the girl as an aphrodisiac. Many persons have come to me with articles of food and drink for examination, under the impression that they contained drugs intended to excite the sexual appetite; but though I looked for cantharides, and other so-called aphrodisiacs, I never found any.

The Uræmia of Scarlatina.

On this form of uræmia, Mr. W. Whitla, Senior Surgeon to the Belfast Royal Hospital, writes, in the *Dublin Medical Journal*:—

My experience is far too limited to generalize, but perhaps I shall be borne out in stating that convulsions occur more frequently in this form of desquamative nephritis than in the acute affection, the result of exposure and other causes. Dr. Samuel Fenwick and others have

found in the stomach tubes and the Lieberkühnian follicles of the intestines, in the bodies of patients killed by scarlatina, changes which prove that a process takes place in the epithelial lining of these glands analogous to the desquamation occurring on the surface of the body, while a very eminent authority affirms that this is the true pathological explanation of the lesion of the kidneys which, he says, is caused by the shedding of the epithelium lining in scarlatina, the convoluted tubes of these organs.

But I can go one step further, from changes which I have noticed in scarlatinal blood, to demonstrate under the microscope that the epithelial lining of the blood vessels of the body suffers the same destruction as the cuticle, and that partially broken-up cells and nuclei corresponding to the pavement on the fenestrated coat of Henle are sometimes to be found in the circulating fluid during the early desquamative stage of scarlatina. Many things go to show that at this stage of the disease the blood is charged to excess with excrementitious matters; consequently great extra work is required of the liver to elaborate urea from these, which work the liver does, though more quickly and less perfectly than it should, and the resulting modifications or substitutes for urea cannot be thrown out sufficiently rapidly by the kidneys, already overtaxed and unhealthy, and uræmia results. If, then, this state of matters exists, we see what a very important part the liver plays in the uræmia of scarlatina.

Albuminous Urine in Chronic Morphia Poisoning; Remarks on the Treatment of the Latter.

In an interesting lecture on morphomania (*morphiumsucht*) and acute morphia poisoning, given before the Berlin Medical Society, Dr. Levenstein, Superintendent of the Schöneberg Asylum, Berlin, stated that in a large number of patients with chronic morphia poisoning, albumen is present in the urine. It most commonly occurs in patients who have been in the habit of subcutaneously injecting morphia in large doses for many years. The quantity of albumen excreted appears to be directly proportioned to the time during which the drug has been used and to the size of the doses, and varies from slight cloudiness to a flocculent precipitate. Albumen could be detected in cases of morphomania in which all other causes of albuminous urine could be excluded. Experiments on animals (dogs and rabbits) confirmed this observation. Two or three centigrammes subcutaneously injected three times a day give rise to albuminous urine in two or three days. Fatal doses of morphia, just as of chloroform, chloral, or curare, also cause the appearance of sugar in the urine.

Morphomania, with all its morbid phenomena, must be simply treated, according to Dr. Levenstein, by the complete withdrawal of the drug. The only cases in which it is undesirable to

withdraw it suddenly, are those in which the patients are in a low physical condition owing to previous abstinence from food or to protracted illness: here the strength must be raised by carefully regulated diet, before resorting to extreme measures. In all cases, during the first five days after morphia has been completely withdrawn, the physician should take care not to be out of call should collapse occur. For this condition the immediate injection of morphia under the skin is the best treatment. In cases in which there is a suspicion that the patient, in spite of all his assurances to the contrary, is still secretly making use of morphia, the fact that after its complete withdrawal morphia disappears from the urine by the fifth or sixth day is a valuable aid to the detection of the fraud. "It is certain," says Dr. Levenstein, "that if morphia can be detected in such a case after the eighth day, the patient is deceiving his doctor." The simplest way to detect morphia in the urine is to evaporate to dryness, and to extract the residue with alcohol. After evaporation of the latter, the residue is dissolved in water, warmed, and shaken up with amylie alcohol, to remove the urea. The morphia can now be precipitated by the addition of ammonia, and detected by the usual reagents.

The Treatment and Prognosis of Pneumothorax.

Dr. A. MacDonald relates some cases of pneumothorax in the *Edinburgh Medical Journal*, February 1877, and concludes thus:—

As to treatment, my first case shows that little is necessary. All that was done in his case was to put on a tight bandage and attend to his general health, the pneumothorax being fairly considered as a symptom of some deeper lesion. There seems to me, as I have already stated, to be little doubt but the air in the pleura can be slowly absorbed by some dialytic action of the pleural sac, provided the opening from the lung heals up, and that thus its reaccumulation is prevented. But if it does not become re-absorbed, it appears pretty evident that the opening in the visceral pleura is permanent, and that no good results can be obtained by tapping in a truly therapeutic sense. In case of impending death, however, from the results of pressure in the pleural cavity, I do believe that tapping may give considerable relief to symptoms for a time.

As cure, if it is to be effected, is almost certain to be brought about by a certain amount of pleurisy, and possibly also may lead to pneumonic change as a secondary result, we ought, I think, to be on our guard, so as to prevent, as far as possible, the extension and aggravation of the pleuritic process. Further than this, I do not see that there is anything that can well be done.

In conclusion, I think, 1st, that we are warranted in assuming that, though pneumothorax is usually a complication of serious lung lesion, yet it may occur from very slight causes indeed,

and is by no means necessarily a part of tubercular phthisis.

2d. That occurring early, and in a patient otherwise healthy, there is no good reason to give an altogether unfavorable prognosis. Whatever be the nature of the pulmonic lesion, in a certain proportion of such cases the patients get ultimately quite well.

3d. That our opinion upon the probable termination of such early cases should be, therefore, based essentially upon the history and general condition of the patient, as to bulk, absence of cough, night-sweats, etc., and not merely upon the occurrence of this symptom.

Treatment of Granular Lids by Acetate of Lead.

Dr. Pierd'houy, as quoted in the *Practitioner*, after having passed in review the very numerous and various methods of treating this disease, expresses himself in favor of Buy's plan, which consists in the application of the neutral acetate of lead in the dry form to the granulations. The acetate should be perfectly fresh, and may be applied lightly with a brush to the granulations after everting the lids; before replacing them the surface should be brushed over with a mixture of oil and glycerine. The reaction is slight, and may be repeated many days consecutively till the granulations are quite flattened down. The plan is well adapted for those who can only be seen occasionally. It has a powerful effect in diminishing the amount of suppuration. It soon produces a cure, and there is no chance of the formation of cicatrices.

On the Therapeutics of Aloin.

This is the title of an article in the *Edinburgh Medical Journal*, for April, by Dr. Craig, from which we make the following extract:—

That aloin possesses purgative properties there cannot be the least shadow of a doubt. I am not aware of any good authority who denies this; and, as the results of my experiments on rabbits, I have come to the conclusion that it is the only active principle contained in aloes. I have, during the past three years, prescribed aloin almost daily, and have always found it a reliable and valuable medicine. It is chiefly in chronic constipation that I prescribe aloin. In habitual constipation it is one of the very best medicines we possess. To persons of a sedentary occupation, with constipation and general sluggishness of the bowels, the administration of aloin in small doses will generally be very beneficial. Aloin, being comparatively slow in its action, is not suited when we wish to empty the bowels freely and quickly; in such cases it is not to be compared with such vegetable purgatives as scammony or jalap; nor is it equal to elaterium or gamboge in dropsies; but it is far superior to any of these substances in chronic constipation with sluggishness of the liver and other abdominal viscera. In such cases I generally give it in doses of $\frac{1}{2}$ to $\frac{1}{4}$ grain, in pill,

combined with iron, and in all such cases I prescribe the dried sulphate of iron, which is the best of all the ferrous sulphates for forming pills. I frequently give quinine in the same pill, combined with extract of nuxvomica, and sometimes capsicum or myrrh. The following pill I have found very valuable:—

R. Aloin.,	gr. $\frac{1}{4}$
Ferri sulph. exsic.,	gr. jss
Quin. sulph.,	gr. j
Capsici,	gr. $\frac{1}{4}$
Extract. nucis vomicæ.	gr. ss.
“ gentianæ, q. s. ut fiat pil.	

Sig.—One pill two or three times a day.

The various constituents can be varied according to circumstances.

I would only add further, that there are few indications against the administration of aloin. I have given it in pregnancy and hemorrhoids, and have never seen any bad effects follow. When my own observations are viewed in connection with the researches of numerous experimenters in regard to the activity of aloin, I am forced to the conclusion that aloin is the only active principle contained in aloes, and is sufficient to account for all the purgative properties of that medicine.

* The Evolution of the Placenta.

A late article by Prof. Turner, in the *Journal of Anatomy and Physiology*, states that in mammalia the same essential constituents are found entering into the formation of all placenta, and the simplest arrangement of these may be looked upon as constituting a placenta in its most generalized form. Such a fundamental type of placenta would consist of a fetal portion, composed of a vascular membrane, upon the one face of which is laid down a layer of pavement epithelium, and a maternal portion similar in constitution, with the exception that in this case the epithelium is of the columnar type. These two membranes are applied to each other, so that their epithelial surfaces are in contact. From this simple type-form the different varieties of placenta may be conceived to be evolved, the process of evolution being effected by “the assumption of a greater extent of complexity in the foldings, on the one hand of the villous chorion, on the other hand of the uterine mucous membrane, with, in addition, in some placenta, modifications in the relative size of the maternal blood-vessels, and in the form of the maternal epithelial cells.” The diffused placenta presents the closest affinity in structure to the fundamental type, whilst the human placenta is the most specialized. But the author goes on to explain, that whilst this evolution of the more complicated placenta out of the more simple placenta is quite conceivable, yet the evolution cannot be regarded as taking place as a continuous process, “from the diffused through the polycotyledonary, zonary, and dome-shaped group forms, until at length the highly specialized discoid placenta of monkeys and of man has been produced.”

On Lardaceous Diseases.

The *Lancet*, in a recent editorial, comments on the great importance and frequency of the lardaceous changes in the system as productive of chronic diseases. Some attribute these to syphilis, others to suppuration. The writer inclines to the conclusion that the principal cause of lardaceous disease is prolonged and exhausting suppuration, especially in connection with diseased bone, and that the principal way in which prolonged suppuration causes death is by producing such an altered condition of the blood as leads to the deposition in the liver, spleen, kidneys, and bowels, primarily in and about the arteries of those parts, of the lardaceous material, not amyloid in nature, but fibrinous, or at least nitrogenous. This being so, the cases of prolonged suppuration in the hands of the surgeon become more and more important in a medical respect. Surgery is often discredited by being dissociated from medicine. Sometimes the surgeon has fair cause of complaint against his medical colleague for not sufficiently insisting on the medical reasons for abstaining from operations which, from a merely surgical point of view, seem plausible enough. Henceforth, at least, surgeons cannot complain that pathology has not supplied them with good reasons for studying every device for the restriction of suppuration, for well considering the merit of alternative surgical procedures in the light of their different tendency to lengthen or to shorten the period of suppuration, and for getting the best medical opinion on the condition of the glandular system before undertaking grave surgical operations in cases characterized by prolonged and excessive discharge of pus. There are many indications that suppuration is a process that is coming more and more under the control of surgery, as surgery is becoming more and more scientific in its methods. We venture to hope that, with this increased command over suppuration, there will come a greater control over those melancholy cases of lardaceous disease which we all meet with in practice, and which, up to this time, have proved so little creditable to either medicine or surgery.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—“A Case of Diplacusis Binauratus, with Remarks, and a Case of Restricted Range of Audition,” is the title of a Monograph by Swan M. Burnett, M. D., of Washington, D. C. We have received from the same source another reprint on “So-called Second Sight of Old

People.” The conclusion in regard to diplacusis is that it may be a much more common affection than the record of cases would lead us to suppose, since it can be so readily overlooked. The points especially presented in the “Case of Restricted Range of Audition” are of an interesting physiological character. The conclusions arrived at in the paper on “Second Sight” are that in such cases “there is no essential rejuvenescence, as seems to be popularly believed,” and that “no power of accommodation is regained.”

—“Solution and Absorption of Medicines, or the Best Means of Securing the Good Effects of Medicines, in the Cure of Diseases,” is the title of a paper read before the Tri-states Medical Society at Vincennes, Indiana, Nov. 22d, 1876, by J. W. Compton, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Indiana. Some of the causes which may hinder the solution of medicines in the stomach are—arrested secretion of saliva, insufficient quantity of gastric juice, as well as of bile. If the medicine is unacted upon, it is inactive, and thus a disease may proceed even to death, and the medicine and the physician be unjustly censured.

It is believed that bushels of pills are daily passed through the alimentary canals of the sick, and cast off with other refuse matter. The prescribing of liquid or easily liquefied preparations is insisted upon.

—“Wine in the Different Forms of Anæmia and Atonic Gout,” by M. E. Bégin (translated from the French), is a monograph closely simulating an advertisement for a certain form of wine, claimed to be of such a chemical nature as to be invaluable in anæmia and gout.

—The report of the Regent's Committee on the Medical Department and Hospital of the University of Michigan, just published, grants the homœopathic branch of the faculty the use of a portion of the present hospital “for treatment of all such patients as shall elect that system of treatment.”

—Received: Sixtieth Annual Report of the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason, Philadelphia.

—Received, also: Second Annual Report of Women's Christian Temperance Union, of Philadelphia

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A STEP FORWARD IN MEDICAL EDUCATION.

A long contemplated step in advance in the cause of medical education we have now the pleasure of announcing as an accomplished fact. The medical department of the University of Pennsylvania, venerable by its age and justly renowned for the long and brilliant roll of its teachers, has set an example which it is to be hoped all other medical schools will imitate, if not in detail, in spirit and in purpose.

What these changes are, may be seen from the following statements, which have been furnished us. Hereafter, attendance will be required of the students upon three courses of lectures, of five months each. The terms are not to be lengthened to nine months at present. The reported addition of a fourth year, to be spent in hospital work, is unauthenticated. Though few will deny that four years is a short enough period in which to prepare for the performance of the responsible duties of the physician, yet it is not thought feasible at present to

lengthen the course so much beyond its former limit. The order of studies is to be graded so as to be adapted to the acquirements of the student in each successive class. The branches to be studied during the first two years are to be elementary in their nature, and an examination held at the end of each year upon the subjects concluded during the term, so that the third year of the course may be entirely given up to the consideration of the practical branches, viz.: therapeutics, practice, surgery, obstetrics, the diseases of women and children, and nervous diseases. It will be seen at once that this system of work largely resembles that employed at the principal centres of medical education abroad, Edinburgh, Paris and Vienna, and also that upon which the Harvard School of Medicine is constructed. The great clinical facilities available in the neighborhood of the University will enable the instruction given during the third year to be as complete and of as large and practical value as can be found in any European capital.

The salaries of the professors will be set at a fixed sum and paid by the trustees. The fees at present paid yearly by the students will not be much increased. The determination is to offer the most complete course of medical instruction attainable on this continent, with the smallest possible increase in the present rate of fees. It is designed to so parcel out the payment of fees over the three years as to but slightly increase the burden of costs for the student.

The advantages of this plan, which is similar to that pursued at Harvard, are evident. It is true, perhaps, that at other schools a small proportion of the students voluntarily spend many more years in medical studies than is required of them, but as there are no special facilities provided, they cannot employ time to the best advantage, and are burdened with heavy additional expense for private instruction in practical branches and for private clinical courses. In nearly all medical schools of the

country the professor repeats the same course of lectures year after year, and the first and second years' men both attend the same lectures together, but in a properly graded course of studies, such as is to be instituted at the University, the student of the first class has mere elementary teaching, the student of the second class is suitably advanced, and the third class only receive practical instruction. It is evident that in this alone can a guarantee be acquired of the actual preparation of the student for the practice of his profession. It must appear clear that a student who had enjoyed the practical advantages above mentioned would make much more rapid progress toward a successful practice after graduation. So that it would be an actual gain to pursue the longer and more arduous course, in view of the advantages promised. When the whole amount of fees paid during the three years' course is but slightly in advance of that formerly required for two years' instruction, the increased usefulness and facilities of the longer course will appeal with overpowering persuasion to the intelligent student.

The examinations for degrees, hitherto held by the seven professors proper of the Medical School, will in future be conducted by an examining board of seven, selected from the whole faculty, both clinical and medical. The spring course of morning lectures, started for the first time this spring, and comprising lectures by competent authorities, upon such subjects as histology, symptomatology, physical diagnosis, ophthalmoscopy, experimental physiology, regional anatomy, etc., will be continued in future years. The good work of the "Quiz Associations" will not be interfered with in any way. All students who desire these additional aids will enjoy the same facilities for private instruction as hitherto.

This new system depends for its permanent success upon the appreciation and support of the intelligent people of this city and country, and the authorities of the University are confi-

dent that the reputation and success of the school will be vastly increased, and that their great step forward is an eminently proper one, in every respect. It is needless to say that none of the changes spoken of above will affect the matriculates of 1875 and 1876, unless at their own expressed desire. The chairs of chemistry, physiology and clinical surgery, lately left vacant by the resignation of Professors Francis Gurney Smith, Robert Rogers and John Neill, will be filled at the earliest date proper, by new appointments. In the selection of a new professor of physiology, the trustees are searching for a tenant willing to devote all his time and study to the consideration of physiological questions.

INFIRMARIES FOR TRAVELERS.

In a country whose population is as migratory as that of the United States, where, as a certain humorist says, the first building that is constructed on the site of a future city is a vast hotel, some provision better than hotels usually furnish, for sick travelers of the well-to-do classes, is constantly demanded. The average hotel or boarding house is too noisy, the attendance too indifferent the diet too unsuited for the sick, to offer anything like the chance for recovery and the freedom from pain which the wards of a well organized hospital would.

When the disease is of a contagious nature the proprietors of such caravansaries are greatly annoyed to be obliged to keep the invalid in their house; and even when it is not so, the senseless and cowardly terror which very many people have of sickness of any kind is very likely to drive a certain number of guests away. Usually, therefore, every effort is made to conceal the presence of sickness of any kind; and thus, many persons are needlessly exposed to dangerous contagious disorders. We have known cases of small-pox and scarlet fever in large hotels, which not one of the boarders knew were in the building, and hence, they neglected those proper precautions which

they should have taken to avoid contagion. No blame can justly be attached either to the proprietors or the attending physicians in such instances, for the dilemma allows no alternative, in the present state of affairs.

The remedy we suggest is the establishment, in every city of moderately large size, of a hospital exclusively devoted to the better classes, wherein the best of medical attendance and nursing should be furnished at fair and remunerative prices. It should not be in any sense a charity, and the very name of "hospital," as savoring of that despised condition, poverty, should be discarded. There could be separate rooms for each case, and separate buildings for those with contagious or offensive disorders. To such an institution all strangers and temporary sojourners able and willing to pay for first-class attendance should, as occasion called, be urged to repair. A description of its advantages should be distributed freely in all hotels and leading boarding houses. Needless to say that no charlatantry should exist in connection with it, no advertising of special doctors, no puffery of any kind.

The objections to such a scheme would, we are sure, not arise from hotel or boarding house keepers. They would be very glad to be relieved of the burden of their sick guests. They know too well that there is no profit in them in the long run.

It remains to inquire how would the profession regard it. There are a certain number who add considerable to their income as permanent attendants on the hotels, etc. They are accustomed to charge sick strangers good round fees, and therefore it is not likely they would cordially welcome a plan which would cut down the annual sum total of their receipts.

Then, of course, if such a plan was once brought to successful operation, and gained the confidence of the community, the applications for admission would not be confined to travelers; many residents would prefer the quiet, the salubrity, the skilled nursing, and the reliable

help of such an institution, to the helplessness, ignorance, and officiousness, which are too often witnessed in the average household. This might further cut down certain physician's fees.

These objections might be met by allowing the patient to exercise his choice of a physician, had he an option; and by arranging that the regular hospital staff should include the whole of the local medical society; and that the profits should be distributed on some equitable basis to be defined by the circumstances of each case. Such details need not act as a bar to the plan.

Convinced that there is a very positive need for such institutions in all our large cities, we leave the details to be worked up by those in any particular place by the local requirements. Co-operation among physicians would soon perfect such an establishment; no great amount of means would be required, and from almost the outset it ought not only to be self-supporting, but decidedly profitable.

NOTES AND COMMENTS.

Granular Kidney.

The *British Medical Journal* reports that Dr. T. Clifford Allbutt, during the last two years, has made notes of thirty-five cases of granular kidney occurring in private practice, and finds a marked history of mental distress or care, or both, in twenty-four of them. As a result of these causes, he finds that granular kidney follows more frequently than degeneration of the brain or spinal cord, and far more frequently than primary failure of the heart's muscle.

Gingivitis in Pregnancy.

M. Pinard, in the *Gazette des Hôpitaux*, states that, having occasion to examine a great number of pregnant women at a midwifery clinic, he finds an inflamed state of the gums to be a very common occurrence among them, coming on generally about the fourth month. It usually disappears a month or two after delivery, but is often prolonged over a longer period in nursing-women. It is met with also, but less frequently, in civil practice, and although the robust are not quite exempt from it, yet it is most frequently observed in women

whose general health is bad. The best application consists of a solution of chloral in equal parts of tincture of cochlearia, which is applied every, or every other, day, by means of a pencil. It causes little pain, and gives rise to a small eschar, which disappears in a day or so.

Treatment of Catarrhal Jaundice.

Dr. Krull, of Güstrow, Mecklenburg (*Berlin. Klin. Wochenschrift*, No. 12, 1877), recommends enemata of cold water as an excellent remedy in the above disease. One to two litres of water at a temperature of 59° Fahr., which may be gradually increased to 72° Fahr., are to be slowly injected into the rectum, by means of an irrigator, once a day. The patient is to retain the water as long as possible. The first effect of this treatment is the rapid disappearance of oppression in the epigastrium, as well as of nausea and headache; the appetite also quickly returns. In half the cases thus treated (eleven in all) the fæces were tinged with bile after the second injection; and in the cases of longest duration, in one of which the disease had existed for more than a year, their normal color returned not later than the fourth day. The largest number of injections used in any one case was seven. Most of the patients had previously been treated unsuccessfully by the ordinary methods. Dr. Krull explains his results on the supposition that the cold water not only increases the peristaltic action of the bowel, but also excites sufficient contraction of the bile-ducts to enable them to overcome the obstacle due to catarrhal swelling or inspissated mucus at the entrance to the duodenum.

Chromic Acid as a Cauterant.

The London *Medical Record* says, of M. Kœberle's use of chromic acid in the treatment of ulcerating granulations of the os uteri, that he prefers chromic acid as a cauterizing agent to the other remedies usually used, as pernitrate of mercury, iodine, nitrate of silver, and the actual cautery. He uses it in the crystalloid condition. It is a very anhydrous substance, and readily absorbs the moisture from the tissues which it may touch. M. Kœberle applies it through an india-rubber speculum, on a tampon of cotton-wool. Vomiting often supervenes within fifteen or twenty minutes from the application of the acid. When the

tissues are seriously altered it is necessary to repeat the cauterization, but M. Kœberle has hitherto found three applications to suffice. After the application he applies a tampon, and advises the patient to use two soap-and-water injections daily. He treats all ulcerations of the os in this way, as in epithelioma.

Treatment of Obesity and Amenorrhœa of Young Women by Milk Diet.

M. Tarnier was consulted some time ago by a young woman who was suffering from albuminuria. She was very fat, and had not menstruated for several months. He ordered only the rigorous employment of a milk diet. Some months later he saw her again, and found her quite slender in form, and presenting all the appearances of health. She had followed his directions to the letter, and the amelioration of her symptoms had been rapid. First, the albumen disappeared from the urine, and then the precocious obesity disappeared. Menstruation was gradually re-established as she grew thin, and her periods had begun to occur at normal intervals.

Shortly afterward, M. Tarnier ordered milk diet to a young woman who was very obese, and in whom there was absolute suppression of the menses. She had no albuminuria. The patient lost flesh rapidly, and menstruation was perfectly re-established.

Milk diet must be classed among the alterative medications, but it has the advantage of being well borne by the stomach and of not disturbing the general health.

In treating albuminuria with milk, M. Tarnier orders, for the first day, one quart of milk with two portions of food; for the second day two quarts of milk and one portion of food; for the third day three quarts of milk and one portion of food; for the fourth day and afterward four quarts of milk and no food at all. In the treatment of obesity it is not necessary to adhere so rigorously to the milk diet; a small quantity of ordinary food may be allowed. The patient may take the milk in such quantities and at such times as she likes, provided she takes the prescribed quantity *per diem*. The duration of the treatment will vary in different cases. If diarrhœa set in it is a sign that the treatment is not well borne. When the desired effect begins to show itself, it continues, even after the treatment is suspended.

CORRESPONDENCE.

Letter From London.

ED. MED. AND SURG. REPORTER:—

One of the first objects that attracted my attention after my arrival in London, was the word *vivisection*, in very large type, which could be seen on bills posted on street-corners, steamboats, and, in fact, everywhere. Upon examining one of these bills closer, I found it to be an appeal to the public, by the *Society for the Protection of Animals liable to Vivisection*, to sign a petition for the passage of *Mr. Holt's bill to make more effectual provision for the prevention of cruelty to animals*, accompanied by sensational pictures representing vivisection as practiced by M. Cyon. But as I have not heard the subject of vivisection mentioned outside of the profession during the time I have been here, I do not think that this appeal has made any deep impression on the public mind, and probably the majority of the people know nothing whatever about this movement, or else are perfectly indifferent.

This city affords an abundance of material for clinical study; but as the weather has been rather damp and disagreeable since I have been here, the thermometer ranging between 45° and 58° Fahr., I have kept myself in doors more than I would had it been more pleasant. At the free dispensary clinics I think the number of patients treated daily is so large that it is impossible to derive much benefit from attending them. Mr. Power and Mr. Rouse, surgeons to the Royal Westminster Ophthalmic Hospital, told me that some days they had more than two hundred out-patients many of whom had to be operated on, so the others are examined and prescribed for at almost railroad speed. On the day that I visited this hospital there were about one hundred and fifty out-patients who came for treatment, the majority being cases of chronic conjunctivitis; two operations were performed, one for strabismus, the other for artificial pupil. Mr. Power afterward conducted me through the wards, which were spacious, scrupulously clean, and well ventilated; here were a number of cases of keratitis, iritis, and kerato iritis, many of a specific character, with a sprinkling of almost every variety of eye disease.

At the surgical clinic in St. Bartholomew's Hospital I have been present only once; the operations on that day were:—lithotomy, by Mr. Savory; removal of an epithelial cancer from the lower lip, by Mr. Callender; and removal of necrosed bone from the hip, by Mr. Smith.

At Guy's Hospital I have attended three most excellent clinics. I will mention the following operations, at which I was present, only to show the abundance of material for the study of surgery:—excision of hip-joint, excision of knee-joint, both by Mr. Howse; removal of fatty tumor from the back, removal of cancerous

growth from the scrotum, both by Mr. Cooper Forster; removal of fatty tumor from the shoulder, removal of necrosed bone from the shaft of the tibia, amputation of the leg for gangrene of the foot (probably resulting from the application of Esmarch's bandage for the cure of popliteal aneurism), removal of a cancer from the base of the tongue and floor of the mouth, involving the submaxillary gland, all by Mr. Bryant. I intend to give a brief account of the two last cases, as they appear to me to be of some interest.

The first patient, a man 47 years of age, was admitted to the hospital, on the 12th of March, for popliteal aneurism. Esmarch's bandage was applied above and below the knee, leaving the tumor exposed, and was taken off after three hours; the same was repeated after an interval of three days. The foot and leg becoming very painful, the bandage was not applied any more; but after ten days, the aneurism showing no sign of improvement, the femoral artery was tied. The wound united by first intention, but gangrene of the foot set in, and on the 24th of April it was resolved to amputate, the line of demarkation appearing plainly, immediately above the ankle. Although no tourniquet was applied, there was little or no hemorrhage, the circulation in the limb being too feeble. Mr. Bryant stated that he had tied the femoral artery upward of sixty times, and only once before had he seen gangrene to result from it; and he believed, in this case, that the application of Esmarch's bandage was the cause of it.

The other patient, a man thirty-seven years old, had for the past three years had some ulcers on his tongue and floor of the mouth, which had been mistaken for syphilitic, and treated as such. Getting continually worse, he applied to Mr. Bryant, who readily diagnosed the disease as cancer. Though the submaxillary gland was already involved, Mr. Bryant thought that the patient being still a young man and otherwise healthy, the case was one that would justify a surgical operation, as, if left alone, the disease would surely terminate the patient's life in a short time. The patient having been informed of this, as well as of the danger of the operation, preferred to take the risk of the latter. A horizontal incision was made over the submaxillary gland, which was then seized with a pair of strong forceps and separated from the surrounding tissue. Some of the smaller arteries, and also a large vein were wounded, causing considerable hemorrhage, which was, however, soon stopped. The knife was then introduced through the external wound, and an opening made along the internal surface of the inferior maxillary bone into the mouth; the bone was next divided by means of a chain saw, a tooth being extracted to make room for the saw to cut, and all the cancerous tissue was removed through the external wound, after which the two sections of bone were placed in their proper position, and retained there by means of a splint invented for the purpose.

I also visited the Greenwich Hospital for Seamen, for which the old pensioners' building is now used in lieu of the old hospital ship "Dreadnought," which, fortunately for the poor sailors, was condemned about seven years ago. The hospital has excellent accommodations for about 250 patients.

I hope yet to be able to visit the London Hospital and St. Thomas' Hospital before leaving London. In conclusion, I must state that all the members of the profession that I have met have given me a most cordial reception, and done all in their power to make my stay here both pleasant and profitable, and I take this opportunity to express my most sincere thanks for the kindness and courtesy shown me. Hoping that in my next communication I shall have more of interest to report, I remain yours truly,

JOHN SUNDBERG, M.D.

London May 4th, 1877.

NEWS AND MISCELLANY.

The U. S. Pharmacopœia.

At a large meeting of the Philadelphia County Medical Society, in reference to Dr. Squibb's proposition to modify the manner of revising the U. S. Pharmacopœia, after a free interchange of sentiment between the members, the following resolutions were adopted, as offered by Dr. Nebinger:—

Resolved, That in the opinion of the Philadelphia County Medical Society, the propositions of Dr. Squibb to modify the period of revision of the United States Pharmacopœia, and other proposed reforms, are deserving of careful consideration by the medical and pharmaceutical professions.

Resolved, That in the judgment of this Society such reforms and modifications of ancient plans can be more safely entrusted to the National Convention of the Pharmacopœia and its committee of revision than to any new organization.

Resolved, That the action of this Society be officially transmitted to Dr. John C. Riley, President of the Pharmacopœial Convention at Washington, to Dr. Bowditch, President of the American Medical Association at Chicago, and to Dr. Squibb, of Brooklyn.

Resolved, That these resolutions be also published in the MEDICAL AND SURGICAL REPORTER, Druggists' Circular, Chicago Pharmacist, Medical News, Philadelphia Medical Times, The American Journal of Pharmacy, New York Medical Record, and New Remedies, as soon as possible.

Dr. Albert H. Smith presented the following resolutions, which were unanimously adopted:

Resolved, That this Society does not recognize the legal or moral right of the American Medical Association to assume the work of issuing a Pharmacopœia, as proposed, nor its fitness for the work, if such right existed.

Resolved, That its delegates to the American Medical Association be instructed to use every proper means, by their votes and influence, to prevent the consummation of the plan proposed by Dr. Squibb. FRANK WOODBURY, M.D.,

Reporting Secretary.

Monmouth County (N. J.) Medical Society.

The annual meeting of the Monmouth county Medical Society was held at Freehold, on Monday, May 14th, the President, Dr. C. A. Conover in the chair. There was a full attendance of members. Drs. J. G. Shackleton, of Matawan, and Edward Field, of Red Bank, were admitted to membership. The annual address, "Higher Education of Medical Men," was delivered by the President, and papers read by Drs. Welch and Hunt. After the transaction of the usual routine business, the following were appointed for the ensuing year:—

Delegates to the Medical Society of N. J.—Drs. Wilmer Hodgson, Isaac S. Long, W. A. Newell, P. B. Pumyea, T. J. Thomason and J. E. Arrowsmith.

Reporter for the Society.—Dr. S. H. Hunt.
Delegates to the American Medical Society.—Drs. J. E. Arrowsmith and P. B. Pumyea.

President.—Dr. Samuel Johnson.

Vice President.—Dr. George T. Welch.

Treasurer.—Dr. T. J. Thomason.

Secretary.—Dr. John Vought.

The Society then adjourned to meet in October. JOHN VOUGHT, Secretary.

Careless Prescribing.

A physician in New York city lately wrote the following prescription for a lady:—

R. Hydrargyri chloridi, gr.vj
Pulveris opii, gr.j. M.

Sig.—For one dose.

The druggist's clerk put up six grains of corrosive sublimate and one grain of powdered opium. The patient swallowed it, and only by very prompt measures and after great suffering escaped with her life. The physician told a reporter that he had never written otherwise for these drugs, and that the prescription was correct. Such carelessness or ignorance cannot be too severely condemned. The word *mite* or *corrosivum* is directed to be added, to distinguish the mercuric chlorides, and to omit them is unpardonable negligence.

The Cholera.

Our Consul General at Calcutta has informed the State Department of the sudden death, from cholera, of Captain Henry Small and his sister, chief officer Dyer, and three seamen of the American bark Edmund Phinney, at Akyab, on the 25th of March. In the district around Chittagong, and the islands along the coast, ravaged by the great storm wave of October 31st, 1876, the decomposition of the multitudes

of human beings and cattle which perished at that time has caused a serious outbreak of cholera, and pestilential fevers. More than 50,000 persons have died of the cholera alone.

Rumors have reach Western Europe that the Russian forces operating in Asia Minor, and the lower Danube have been threatened with cholera, and it is by no means improbable that one of the results of the war in the East will be the rapid extension of the pestilence toward the Atlantic Ocean.

Stimulants Used by the Race.

It is estimated that coffee, both beans and leaves, is drunk by sixty millions of the human family. Tea of all kinds is used by five hundred millions, and opium by four hundred millions; alcohol, in its various forms, by five hundred millions of the human race. Tobacco is probably used by seven or eight hundred millions. These startling facts indicate a large proportion of the race using some substances that are either stimulants or narcotics. The work of the physiologist, in the future, will be to determine the true place in nature of these substances, and indicate where their use ends and abuse begins.

Personal.

—Dr. William A. Newell, Jr., son of ex Governor William A. Newell, M. D., of New Jersey, has located at Allentown, N. J., his father's home.

—Prof. Leidy has been created Dean of the Faculty of the Medical Department of the University of Pennsylvania in place of Prof. Rogers, who has been called to the Jefferson.

—Dr. D. A. Hengst, senior assistant physician to the Western Pennsylvania Hospital for the Insane, at Dixmont, Pa., has, after nearly four years of service, resigned his position, to engage in private practice.

Items.

—The following gentlemen were elected officers of the McDowell Medical Society, a district association, embracing ten counties in Western Kentucky:—President—J. W. Pritchett, Madisonville; 1st Vice President—O. L. Drake, Webster Co.; 2d Vice President—W. B. Miller, Muhlenburg Co.; 3d Vice President—Amos Davis, Daviess Co.; Recording Secretary—Arch. Dixon, Henderson; Corresponding Secretary—J. D. Collins, Henderson; Treasurer—James H. Letcher, Henderson.

—The plague has appeared in Bagdad, and the cholera is at the Persian frontier. Its invasion of Europe is rendered more imminent by the Turco-Russian war.

—Robinson Crusoe was written by DeFoe several years after he had had an apoplectic stroke.

—On the anniversary of his eightieth birthday, the Emperor of Germany presented his body physician, Dr. Lauer, with 150,000 marks.

QUERIES AND REPLIES.

Pytalism.

ED. REPORTER:—I have a patient, a lady, aged twenty-eight, married, mother of two children, weighs about 110, below medium height, who has been troubled with spontaneous pytalism for nearly two years past. It is believed to have originated from a mercurial pytalism some two years since, but did not immediately follow it. Health otherwise good: complains some of a numbness over region of the spleen and sometimes extending to left arm. Opiates, chlorate of potassa, iodide of potassium and bicarbonate of potassium (the two latter have given the most relief of all) and numerous other remedies, have been tried by myself and other physicians, with no satisfactory results. Will your readers give me the benefit of their experience in this disease. I can find little written on the subject. E. B.

Iowa.

Dr. C. S. W., of Mass.—Bernard & Huett's Surgery, bound, will cost ten or twelve dollars. Cannot say certainly which.

MARRIAGES.

FRENCH—RUNYON.—April 26th, at the Fourth Street, Christian Church, Covington, Ky., by the Elder James Challen, assisted by the pastor, S. M. Jefferson, Dr. James C. French, and Miss Sue A. Runyon.

GILMER—JOHNSON.—On the 14th instant, at the residence of the Rev. Benjamin Watson, D. D., Allen L. Gilmer, M. D., of Mount Airy, N. C., and Anne M. Johnson, of this city, daughter of the late Luke M. and Anna F. Johnson.

INGRAHAM—REEH.—On the 19th of April, at the residence of the bride's parents, by Rev. W. M. Gilbert, of Frankford, S. Cook Ingraham, M. D., of Philadelphia, and Lizzie C. Reeh, of Roxborough, 21st Ward.

ROSENZ—HYAMS.—On April 18th, at the residence of the bride's parents, 350 Race street, by Rev. Dr. Lillenthal, Dr. Enrico Rosenzi, and Miss Isabella Hyams, all of this city.

THIMME—HARKER.—On Tuesday, May 15th, by Mayor Stokley, Dr. Charles H. Thimme, of Berlia, Prussia, and Emma Rene W., daughter of the late John Newton Harker, of Wilmington, Del.

DEATHS.

GLASS.—In New York, on Monday, May 7th, 1877, at No. 3.5 Lexington avenue, R. George Glass, M. D., in the twenty fifth year of his age, son of John and Isabella Glass.

GREGORY.—On Tuesday, May 1st, at his late residence, No. 174 East 127th street, New York, Harvey H. Gregory, M. D.

LEONARD.—In Hinsdale, N. H., April 9th, Dolly, daughter of Dr. W. S. and M. Leonard, aged two years and eight months.

LYND.—At 10 minutes of 10 o'clock P. M., on the 20th ultimo, after a short illness of four days, Dr. Robert R. Lynd, in the forty-eighth year of his age.

* POLK.—At Demopolis, Ala., on Sunday, the 29th ultimo, of diphtheria, Leon, eldest child of Dr. William M. and Ida Lyon Polk, of this city, in the ninth year of his age.